

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

11/582617

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		6		1		
8		6		1		
9		6		1		
10		6		1		
11	①		1			
12	①		1			
13	①		1			
14	①		1			
15	1		1			
16		6		1		
17	①		1			
18	①		1			
19	①		1			
20	1		1			
21		1		1		
22		1		1		
23		2		1		
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49						
50						
TOTAL IND.	3		3		0	
TOTAL DEP.	46	←	20	←	0	←
TOTAL CLAIMS	49	[REDACTED]	23	[REDACTED]	0	[REDACTED]

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
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99						
100						
TOTAL IND.	0		0		0	
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	[REDACTED]	0	[REDACTED]	0	[REDACTED]